

**NED University of Engineering & Technology** 

Center of Professional Excellence (CoPE)

# Professional Certification Programmes Fall 2017

## **APPLICATION FOR SCHOLARSHIP**

(ii) Father's Name:

#### **Eligibility Condition:**

- Minimum percentage of 70% or CGPA of 3.0 in last professional degree/ diploma and First Division throughout the academic carrier.
- Processing Fee: Rs. 600/- (Non Refundable)

#### NAME OF COURSE: \_\_\_\_\_

Dated:

(iv) Alternate Contact: \_\_\_\_\_

#### **1. PARTICULARS OF APPLICANT**

(iii) Applicant Cell: \_\_\_\_\_

(v) Email Address:

(vi) Residential Address:

(vii) Permanent Address:

#### 2. HOUSEHOLD INFORMATION

A. Joint Family O Yes O No (*if No, go to Section B*) (i) List of Farners (Please specify if any earner is retired)

S. No.	Name of Earner	Relationship with Applicant	Organization	Office Phone	Cell No. of Earner
	f oproore: (iii) In	come (other sources):	(:, )	Total family income	

(ii) No. of earners: \_\_\_\_\_ (iii) Income (other sources): \_\_\_\_\_ (iv) Total family income: \_\_\_ (Please specify)

#### (v) List of Dependents (including children)

 
 S.
 Name
 Relationship with Applicant
 Age
 Studying, Class / Job

(vi) Total No. of Dependents in words \_

### B. Single Family O Yes O No

(i) List of Earners (Please specify if any earner is retired)

S. No.	Name of Earner	Relationship with Applicant	Organization	Office Phone	Cell No. of Earner
i) No. o	f earners: (iii) In	come (other sources):	(iv)	Total family income	:

(Please specify)

#### (iv) List of Dependents (including children)

Name	Relationship with Applicant	Age	Studying, Class / Job
	Name	Name Relationship with Applicant	NameRelationship with ApplicantAgeImage: Strain Str

(v) Total No. of Dependents in words \_\_\_\_

#### 3. DECLARATIONS

- a) I hereby declare that the facts and figures entered in the application are correct to the best of my knowledge and I take full responsibility for correctness of the entries made herein. The Awarding Committee of the University can take any action against me if any of the entry in the application is found wrong and fake.
- b) I hereby declare that, if the scholarship be awarded to me, I abide all the rules of financial assistance.

Forwarded and duly recommended	Signature of Applicant
Signature Receiving Authority Dated:	Signature Director CoPE Dated:
<ul> <li>Salary certificate of all earners mentioned in Se</li> <li>Updated Pension Book of any retired earner</li> <li>In case of business, an affidavit of income verifi</li> <li>National I.D. Card / "B" Form of all dependents</li> </ul>	& H.S.C. / Bachelor / Master / Any other certificate ection A or B of Point 2 ication in original must be submitted if under the age of 18 on must be attested by Officer of Grade 17 or above
Evaluation (For Office Use Only)         Evaluator's Name:	Decision (For Office Use Only)         Final Decision:       Yes       No (if yes, how much scholarship is approved):         Signature of Focal Person       Dated:
Evaluator's Signature Dated:	

The university has a right to accept or deny the application based on its own criteria.